

Commonwealth of Kentucky
PUBLIC PROTECTION CABINET
DEPARTMENT OF CHARITABLE GAMING

**Form for Organization Grossing Under \$25,000
(EXEMPTION)**

**A COMPLETE FORM MUST BE RECEIVED AT LEAST THIRTY (30) DAYS PRIOR TO THE
INTENDED START OF YOUR GAMING.**

Complete this Form ONLY if the organization intends to play bingo, have a raffle, or a charity fundraising event (fair, festival, or carnival) and the gross receipts from gaming do not exceed \$25,000 in a calendar year. KRS 238.535(1). **DO NOT complete this form if the organization intends on having a Special Limited Charity Fundraising Event or playing pulltabs.**

ORGANIZATION INFORMATION

1. **Organization name:** _____
2. **Organization address:**
Mailing address: _____
Physical Location
(PO Box is not acceptable): _____
City: _____
State/Zip Code: _____
County: _____
Telephone: _____

CHIEF EXECUTIVE OFFICER

3. **Chief Executive Officer:**
Name: _____
Home Street Address (PO Box is not acceptable): _____
City/State/Zip: _____
County: _____
Daytime Telephone: _____ Evening Telephone: _____
Date of Birth: _____ Social Security #: _____
Member: _____ Employee: _____ Officer: _____



GENERAL INFORMATION

- 4a. **If a new applicant, has your organization ever been issued a charitable gaming license by the Office of Charitable Gaming?** ☐ Yes or ☐ No

If "YES", what was the license number? ORG-

- 4b. **Have you previously been issued an exemption acknowledgement?**

☐ Yes or ☐ No If yes, EXE #: _____

5. **Date the organization was established in the Commonwealth of Kentucky?**

Month: _____ Year: _____

- 6a. **County where charitable gaming is to be conducted:** _____

- 6b. **Date the organization was established in the county where charitable gaming will be conducted?**

Month: _____ Year: _____

- 6c. **Has the applicant maintained an office or place of business, other than for the conduct of charitable gaming, for a minimum of one (1) year in the county where charitable gaming is to be conducted?**

☐ Yes or ☐ No

7. **Has the applicant been granted tax-exempt status by the Internal Revenue Service?**

☐ Yes or ☐ No

If "yes", please provide a copy of the 501(c) designation.

If "no", is applicant organized within the Commonwealth of Kentucky as a common school as defined in KRS 158.030(1), as an institution of higher education as defined in KRS 164A.305, or as a state college or university as provided for in KRS 164.290?

☐ Yes or ☐ No

If "yes", omit questions 9a & 9b.

8. **Applicant's federal employer tax identification number:** _____

ORGANIZATION REVENUES/EXPENDITURES

- 9a. Provide details below of revenue generated by your organization. Please specify the dollar amounts and a description of the project.

Description	Year	Year	Year
	_____	_____	_____
Dues	\$ _____	\$ _____	\$ _____
Grants	\$ _____	\$ _____	\$ _____
Donations	\$ _____	\$ _____	\$ _____
Activities/Events	\$ _____	\$ _____	\$ _____
Sales of items	\$ _____	\$ _____	\$ _____
Gaming	\$ _____	\$ _____	\$ _____
Other fundraising (please describe below): _____	\$ _____	\$ _____	\$ _____

- 9b. Provide details below of revenue disbursed by your organization. Please specify the dollar amounts and a description of the project.

Description	Year	Year	Year
	_____	_____	_____
Salaries and Benefits	\$ _____	\$ _____	\$ _____
Mortgage or rent payments (not including gaming)	\$ _____	\$ _____	\$ _____
Office equipment, supplies and utilities	\$ _____	\$ _____	\$ _____
Other Office expenses	\$ _____	\$ _____	\$ _____
Expenditures toward charitable purpose (describe below): _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

GAMING INFORMATION

10. **Type of Charitable games to be conducted:**

- ☐ Bingo ☐ Non-Cash wheel games (prize does not exceed \$100)
☐ Raffle(s) ☐ Charity fundraising events

11. **Expected frequency charitable gaming will be conducted:**

- ☐ Daily ☐ Twice Weekly ☐ Weekly ☐ Monthly
☐ Quarterly ☐ Semi-annually ☐ Annually

12a. **Please list the location of the premises where charitable gaming activities will be conducted by your organization:**

Name of Building: _____

Street Address: _____

City, State, Zip: _____

County: _____

Telephone Number: _____

12b. **Do you own the premises where the charitable gaming will be conducted?**

- ☐ Yes or ☐ No

If no, please submit a copy of the signed lease agreement or statement of understanding between the organization and the owner of the premises listed in 12a.

13. **What are the projected annual gross receipts from the gaming activities you plan to conduct?**
\$ _____

DISTRIBUTOR INFORMATION

14. **Distributor(s) applicant will use for charitable gaming equipment or supplies (not required if only conducting raffles):**

Name: _____

Name: _____

KY License Number: DIS - _____

KY License Number: DIS - _____

TO KEEP THE EXEMPTION IN EFFECT THE ORGANIZATION MUST FILE AN ANNUAL FINANCIAL DISCLOSURE BY DECEMBER 31ST. YOU MAY OBTAIN A FINANCIAL DISCLOSURE FROM THE WEBSITE, <http://www.ocg.ky.gov>

Pursuant to KRS 238.525(6), the organization shall notify the Department of Charitable Gaming, in writing, of any change in the information provided in response to questions 1-14 within thirty (30) days of the date the change occurred.

CERTIFICATION

I certify, under penalty of perjury, that I am an officer authorized by the organization to submit this notice of exemption from charitable gaming licensure requirements and that I have examined this notice of exemption, including accompanying materials, and all information submitted is, to the best of my knowledge and belief, true and correct. I further certify that the organization agrees to comply with all applicable laws and administrative regulations regarding charitable gaming in the Commonwealth of Kentucky.

Signature: _____

Print Name: _____

Officer Title: _____

Date: _____

Mail completed CG-Exempt (including all required attachments), to:

Public Protection Cabinet
Department of Charitable Gaming
Division of Licensing & Compliance
132 Brighton Park Boulevard
Frankfort, KY 40601

If you need assistance completing this form, please call the licensing branch at (502) 573-5528 or toll-free in Kentucky, (800) 729-5672.

Visit our website at:
<http://www.dcg.ky.gov>